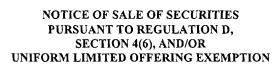
UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D



1X	0001
OM	B APPROVAL
OMB Numb	er: 3235-0076
Expires: May 31, 20	
Estimated av	erage burden
hours per res	nonce 16.00

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Name of Offering (check if this is an amend Initial Private Offering	ment and name has changed, and indicate cha	nge.)
Filing Under (Check box(es) that apply):	X Rule 504 Rule 505 Rule 5	—
Type of Filing: New Filing	☐ Amendment	The state of the s
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the iss	uer.	
Name of Issuer (☐ check if this is a Heggie's Pizza, LLC	in amendment and name has changed, and inc	icate change.)
Address of Executive Offices 6957 West Highway 10, Suite 206, Ramsey, MN	(Number and Street, City, State, Zip Co N 55303	de Telephone Number (Including Area Code) (763) 427-1600
Address of Principal Business Operations (Num (if different from Executive Offices) 38217 Highway 169 Onamia, MN 55359	ber and Street, City, State, Zip Code	Telephone Number (Ipoleting Area Code) (763) 427-1600
Brief Description of Business Pizza manufacturing		JUL 26 2004
= : =	nited partnership, already formed nited partnership, to be formed	other (please specify): limited liability (attornany
Actual or Estimated Date of Incorporation or Or Jurisdiction of Incorporation or Organization: (1	Month Year ganization: 07/02 2004 X Actual	
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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with the state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

A. BASIC IDENTIFICATION DATA						
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 						
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 						
Check Box(es) that Apply:	X Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Campbell, David B. Business or Residence Address	Number and Street	t City State 7in Code)				
6957 West Highway 10, Suite	· ·					
Check Box(es) that Apply:	X Promoter	X Beneficial Owner	X Executive Officer	⊠ Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Dockter, Shawn	27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	G: 0: 7: 0 1				
Business or Residence Address 38217 Highway 169, Onamia I		t, City, State, Zip Code)				
						
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Address	(Number and Street	, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Address	(Number and Street	, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Address	(Number and Street	, City, State, Zip Code)	 			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Address	(Number and Street	, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)						
	(Ose blank sneet, C	or copy and use additional	copies of this sheet, as ne	cessary)		

		-		В. І	NFORMA'	TION ABO	UT OFFE	RING				
B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering							× ×	Yes T] No			
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?						\$ No	one					
3. Does the offering permit joint ownership of a single unit?						X	_] No				
comm offerin and/or	ission or sir ig. If a pers with a state	nilar remur son to be lis e or states,	teration for ted is an ass	solicitation sociated per e of the bro	of purchase rson or agen ker or deale	ers in conne at of a broke er. If more t	ection with s er or dealer i than five (5)	ales of secu registered w persons to	indirectly, prities in the with the SEC be listed are aler only.	any		
Full Nam	e (Last nam	ne first, if ir	idividual)									
DNA												
Business	or Residen	e Address	(Number an	nd Street, C	ity, State, Z	ip Code)						
Name of	Associated	Broker or I	Dealer									
States in	Which Pers	on Listed F	Ias Solicited	or Intends	to Solicit P	urchasers						
			dividual Sta								🗆 4	All States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last nam		dividual)							- i - i		
DNA	•		,									
Business	or Residenc	e Address	(Number an	d Street, C	ity, State, Z	ip Code)						
	 	D 1 F										
Name of A	Associated :	Broker of L	Jealer									
States in V	Which Person	on Listed H	las Solicited	or Intends	to Solicit P	urchasers						
(Check "A	All States" o	or check ind	dividual Sta	tes)		· · · · · · · · · · · · · · · · · · ·					🗀 🛭	All States
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Full Name	e (Last nam	e first, if in	dividual)					-				
DNA												
Business	or Residenc	e Address	(Number an	d Street, Ci	ty, State, Zi	ip Code)						
Name of A	Associated l	Broker or D	Dealer				,					
States in \	Which Perso	on Listed H	as Solicited	or Intends	to Solicit P	urchasers						
(Check "A	All States" o	or check ind	lividual Stat	tes)				,		····	🗀 A	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

3 of 5

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for 		
exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity Membership Interest Units		\$
⊠ Common	\$ 900,000	\$ 125,000
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify)		-
Total	\$ 900,000	\$ 125,000
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
According to the second	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	4	\$ 275,000
Non-accredited Investors	0	0
Total (for filings under Rule 504 only)	4	\$ 275,000
Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$0
Rule 504		\$0
Total		\$0
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$0
Printing and Engraving Costs		\$
Legal Fees	X	\$ 2,500
Accounting Fees	\boxtimes	\$ 1,000
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$0
Other Expenses (identify)		\$0
Total	\boxtimes	\$ 3,500

FORWI L

C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AN	ND USE	OF PROCEEDS	
1 and total expenses furnished in response to	e offering price given in response to Part C - Que Part C - Question 4.a. This difference is the "ac	ijusted		\$ 895,500.00
	at for any purpose is not known, furnish an estim The total of the payments listed must equal the		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	······································		□ s	□ \$
Purchase of real estate			\$	× \$ 100,000
Purchase, rental or leasing and installatio	n of machinery and equipment		□ s	□ \$
Construction or leasing of plant building	s and facilities		□ \$	□ \$
	g the value of securities involved in this offering securities of another issuer pursuant to a merge			× \$ 500,000
Repayment of indebtedness			□ \$ □ \$	□ s
Working capital			\$	X \$ 296,500
Other (specify):			□ \$	□ \$
Column Totals		•••••	□ \$	\$ 896,500
Total Payments Listed (column totals add	led)		C	\$ 896,500
	D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be si following signature constitutes an undertakin request of its staff, the information furnished	g by the issuer to furnish to the U.S. Securities	es and E	xchange Commis	sion, upon written
Issuer (Print or Type)	Signature //	Da	te / /	
Heggie's Pizza,LLC	WELL		7/13/04	
Name of Signer (Print or Type) David Cample !!	Title of Signer (Print or Type) Chief Munager			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C 1001.)

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